

Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

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LEASE INFORMATION		
Tenant:		
Address of Tenant:		
Tenant Contact	Name:	
	Phone:	
	Email:	
Landlord:		
Address of Landlord:		
Landlord Contact:	Name:	
	Phone:	
	Email:	
Premises:	Address:	
	Square footage:	

Under penalty of perjury, I attest that the information contained in this document is true and correct. I also understand that any false, misleading or fraudulent statements with respect to any material fact contained in the business license application and/or supporting documentation may subject me to civil penalties and/or denial of the business license application pursuant to CCC6.04.09(b) & CCC6.04.140.

Business License Applicant / Tenant	Date	